2007/2008 State & Local Preparedness

Meeting Objectives

- Present 2007/2008 Local Health Department funding as currently included within the CDC Public Health Preparedness cooperative agreement application.
- Provide program history through federal focus and historical funding
- Present national trends and challenges
- Highlight objectives outlined within the 2007/2008 cooperative agreement guidance

Meeting Objectives Cont'd

- Highlight current version of the Budget planned for inclusion within the cooperative agreement application
- Identify models or best practices used by other federal grantees to distribute funds to local, district, or regional units of government
- Identify models explored by ISDH
- Initiate transition planning to occur between now and the end of the current budget cycle

2007 – 2008 Local Health Department Funding

- **August 31, 2007 – October 31, 2007**
  - LPHC Grants offered to 85 participating Local Health Departments
  - Cost to maintain 2 month Extensions: $735,422

November 1, 2007 through June 30, 2008

- ISDH will establish a ***Deliverable based*** contract with Local Health Departments statewide
  - Participation will be offered to all 94 Local Health Departments
  - Contract Budget: $45,000 per participant; Combination of Original budget & Carry-over funds

ISDH began receiving funds for preparedness in August 1999

- **Focus Areas funded:**
  - Preparedness Planning & Assessment
  - Surveillance & Epidemiology
- **Total Program Funding:**
  - FFY 1999: $95,576
  - FFY 2000: $141,999
  - Personnel & Other Operating Costs Unallowable

August 31, 2001
Indiana Sees Increased Requirements

- **Focus Areas funded:**
  - Preparedness Planning & Assessment
  - Surveillance & Epidemiology
  - Laboratory Capacity: Biological Agents
  - Health Alert Network & Information Technology
- **Total Funding:**
  - $581,467

Fall of 2001

September 11, 2001 :

World Trade Center Attack

October – November 2001:

National Anthrax Response

RESULT:

- **Funding Skyrocketed for Preparedness & Response Nationwide**
  - Indiana receives $18,536,799 to supplement existing cooperative agreement funds

- **Focus Areas funded:**
  - Preparedness Planning & Assessment
  - Surveillance & Epidemiology
  - Laboratory Capacity: Biological Agents
  - Health Alert Network & Information Technology
  - Risk Communication & Health Information Dissemination
  - Training and Education

- Cooperative agreement funds could now be used to build infrastructure and Personnel expenses were considered allowable
- Other operating costs such as rent and phone service become allowable expenses
- Budget cycle extended through August 30, 2003

2003 – 2005

- **Cooperative agreement requirements increased to include:**
  - Strategic National Stockpile
  - Laboratory Capacity: Chemical Terrorism
  - Cross Border: Early Warning Infectious Disease Surveillance (EWIDS)
- **Indiana sees it's peak award in funding, $20,900,354 on August 31, 2004**

Required Benchmarks & Target Capabilities

What else happened in August 2004?

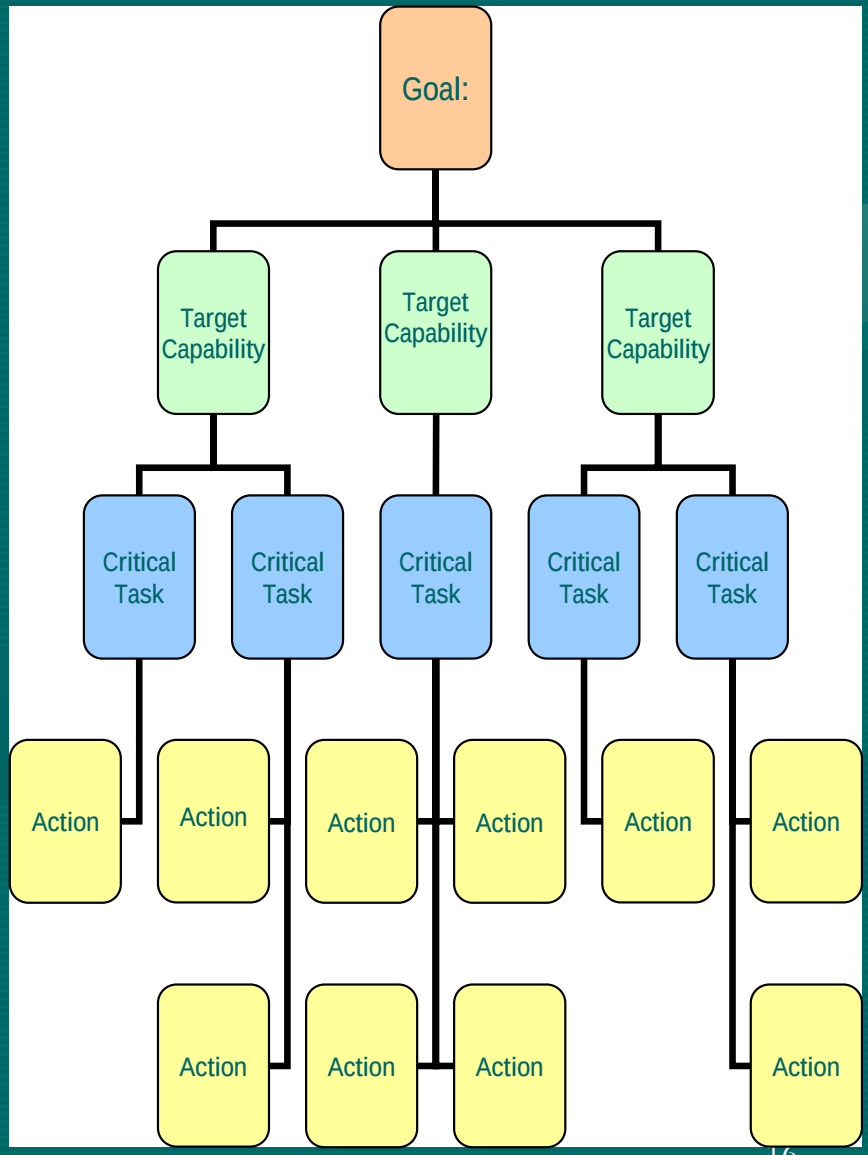
- **The Local Public Health Coordinator (LPHC) Grant, in it's current form and structure, was developed and implemented**
  - Program period estimated to be approximately 3 years based on the continued availability of federal funding to support it

WHY?

- **Attempts to provide funds to the local level using a district model for Smallpox response were unsuccessful**
  - Funding mechanisms did not exist for counties to effectively transfer funds back and forth over county lines
  - Home Rule broke down effective partnerships and resource sharing across county borders
- **State attempted to purchase materials on behalf of counties**
  - Procurement & Distribution Challenges
- **ISDH continued to hear counties plea to further develop local level public health infrastructure to meet the increasing demands of this program**

Goodbye Focus Areas, Hello Target Capabilities

- **August 31, 2005:** Project Period End
- **Federal grant is restructured to include all previous requirements, as capacities under the National Response Plan, Emergency Support Function 8.**
- **New organizational structure includes:**
  - Goals, Target Capabilities, Critical Tasks, and Actions
- **Performance Measures and Metrics adopted for accountability**



2005 - 2007

- **Funds are distributed to the state within dedicated Programs**
  - All-Hazards Preparedness: BASE
  - Cities Readiness Initiative: CRI
  - Early Warning Infectious Disease Surveillance: EWIDS
- **Pandemic Influenza preparedness funds are added as phased supplements in February 2006**
  - Increased focus on operational plans, public education, alternate care sites, medical surge, mass care, social distancing, continuity of operations planning, etc.

National Trends & Challenges

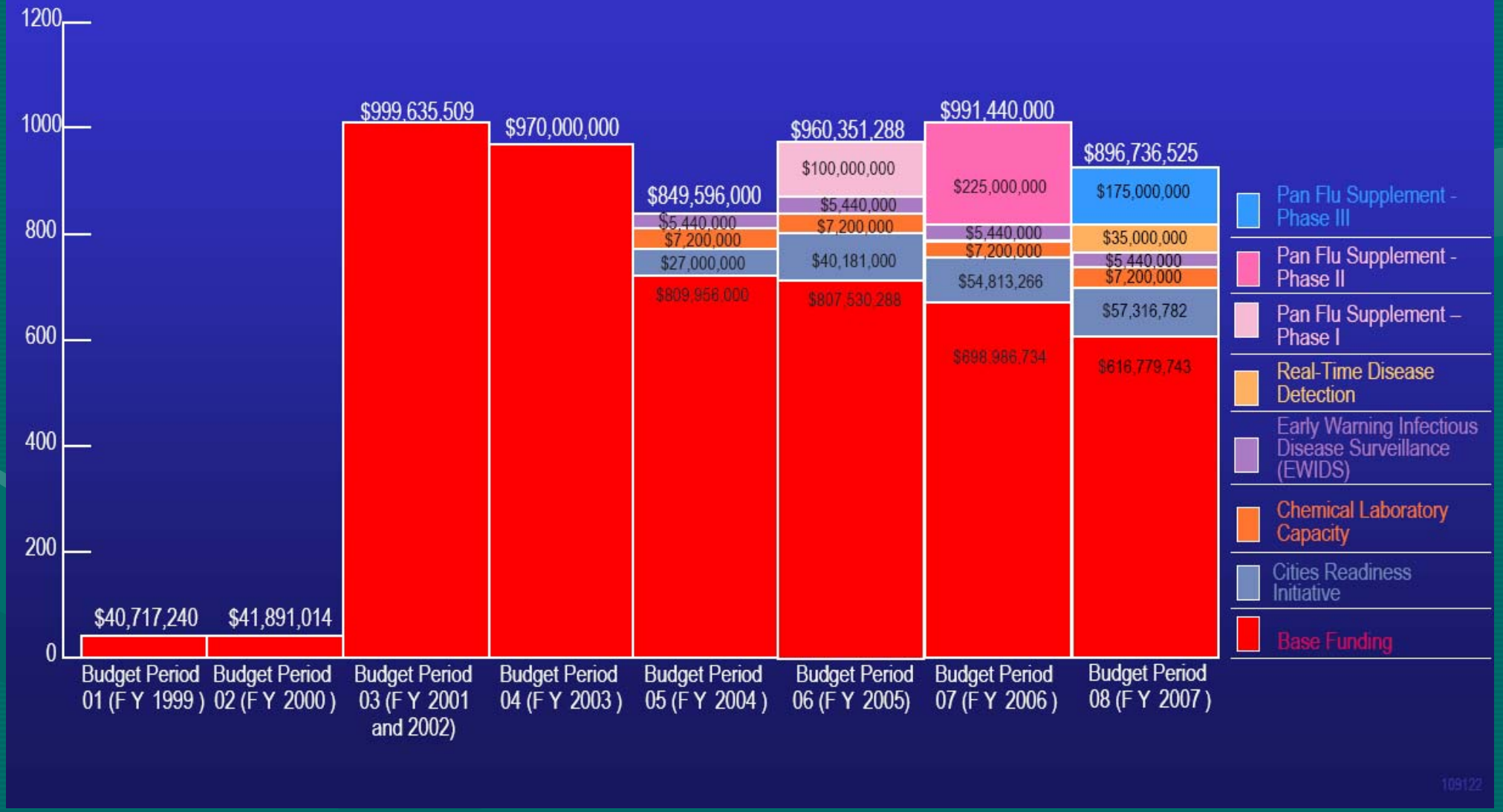
- Standards & standardized approach
- Increased accountability – metrics & outcomes
- Federal, State, and Local government transparency
- Interoperable tactical communications
- Strategic plans must be transitioned to Operational plans
- Further integration of Public Health & Medicine

- Mission changes require different personnel skill sets
- Pandemic & All Hazards Preparedness Act implementation
- National definition of "Local" varies
- Trust For America's Health
- Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)
- Public & Private partnerships
- Accreditation

National Trends & Challenges Cont'd

- **Economy scale → Regional/District preparedness & response**
  - ASPR Hospital preparedness funds under 2007/2008 Budget cycle require funding to a district 501(c)(3)/Health association, rather than individual to each hospital
- **Decreased Federal and State funding across all programs**
- **FFY2008 (State Fiscal Year 2009) and forward:** ASPR Hospital Preparedness & CDC Public Health Preparedness agreements require 5% public/private financial or in-kind matches with a 10% match in all subsequent budget cycles

Public Health Emergency Preparedness Cooperative Agreement Funding



2007/2008 CDC Guidance Changes

- **Fiscal Year only runs through 08/09/08, 11 months and 1 week**
  - CDC intends to start the new grant cycle to run concurrently with the State fiscal year (07/01 - 06/30)
- Integrates All-Hazards preparedness with Pandemic preparedness activities
- Requires sustainability, but limits new "Priority Projects"

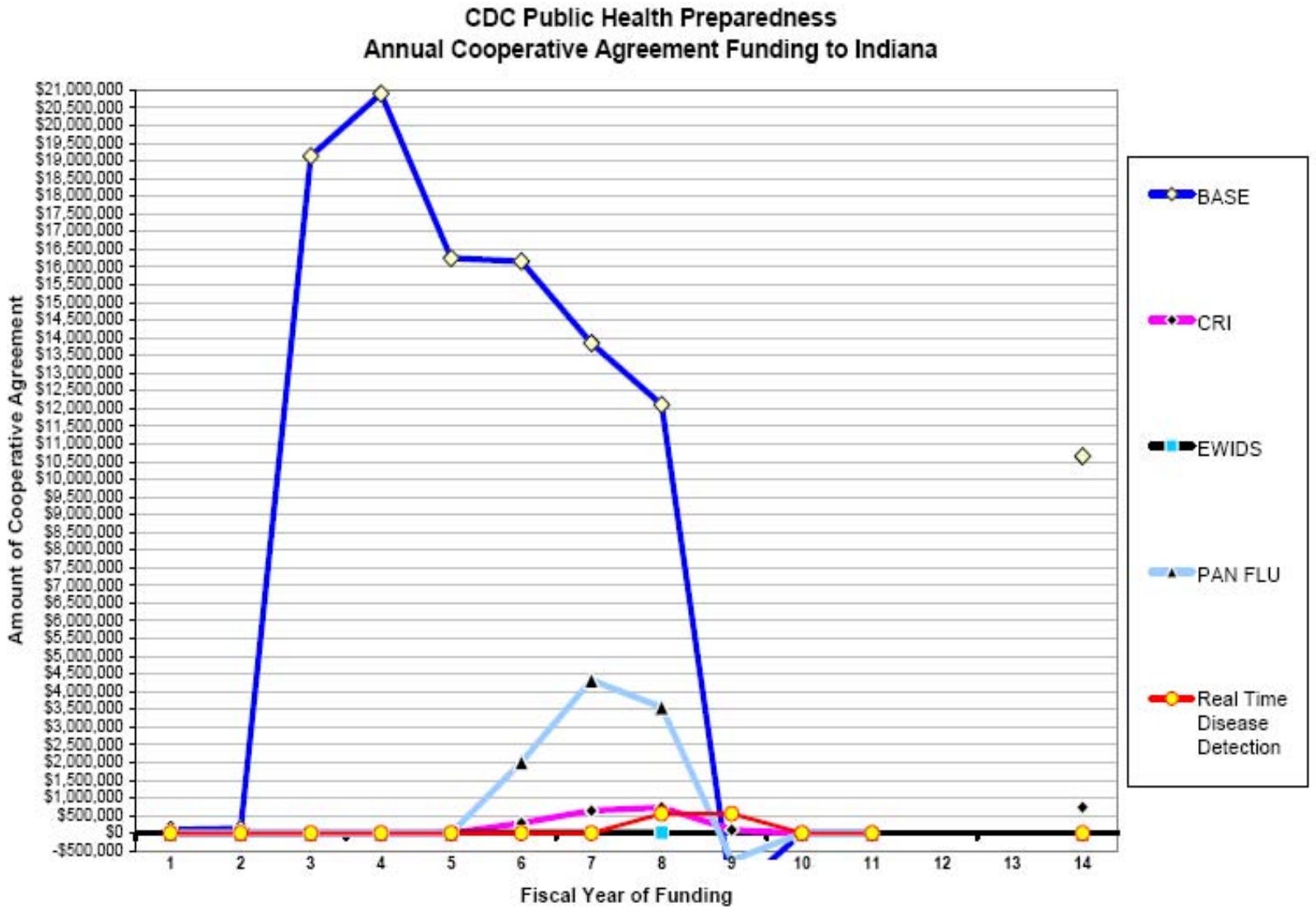
- Stricter fiscal management and impact for non-completion of cooperative agreement requirements
- Solicitation of public comment on emergency response plans and their implementation
- Implementation of a system to track and record improvement
- One time funds provided to boost Poison Control Center partnerships for Early Event Detection

- Create and conduct a minimum of 2 HSEEP compliant, capability based exercises
- CDC to conduct full assessment and evaluation of awardee at each level of the exercise process
- Continue to fill and train staff on planning gaps identified within CDC's assessment of the State Pandemic Influenza Operational Plan
- Project period and program end requires State to provide full inventory of programmatic assets

Budget: Yesterday, Today, and Tomorrow

CDC Public Health Preparedness Cooperative Agreement Historic Annual Funding

Federal Fiscal Year	Budget Cycle	Total Base + Population	Cities Readiness Initiative	Focus Area D supp.	EWIDS	Pandemic Influenza	Real-Time Disease Detection	Total Cooperative Agreement Funds
1999	08/31/99-08/30/00	$95,576	$0	$0	$0	$0	$0	$95,576
2000	08/31/00-08/30/01	$129,935	$0	$0	$0	$0	$0	$129,935
2001-2002	08/31/01-08/30/03	$19,130,330	$0	$0	$0	$0	$0	$19,130,330
2003	08/31/03-08/30/04	$20,900,354	$0	$0	$10,000	$0	$0	$20,910,354
2004	08/31/04-08/30/05	$16,247,765	$0	$0	$15,000	$0	$0	$16,262,765
2005	08/31/05-08/30/06	$16,159,335	$286,827	$0	$15,000	$2,007,596	$0	$18,468,758
2006	08/31/06-08/30/07	$13,848,908	$638,175	$0	$15,000	$4,327,567	$0	$18,829,650
2007	08/31/07-08/09/08	$12,108,452	$731,112	$0	$15,000	$3,559,641	$551,785	$16,965,990
AWARD DIFFERENCE 2006 to 2007		($1,740,456)	**$92,937**	**$0**	**$0**	($767,926)	**$551,785**	($1,863,660)
% OF CHANGE '06 to '07		-12.57%	14.56%	0.00%	0.00%	-17.74%	100.00%	-9.90%
2007 Allocation Percentages		71.37%	4.31%	0.00%	0.09%	20.98%	3.25%	100.00%
2008	07/01/08-06/30/09	$10,655,438	$731,112	$0	$15,000	$0	$0	$11,401,550
AWARD DIFFERENCE 2007 to 2008		($1,453,014)	**$0**	**$0**	**$0**	($3,559,641)	($551,785)	($5,564,440)
% OF CHANGE '07 to '08		**-12.00%**	**100.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**67.20%**
2007 Allocation Percentages		93.46%	6.41%	0.00%	0.13%	0.00%	0.00%	**100.00%**


CDC Public Health Preparedness
Annual Cooperative Agreement Funding to Indiana
Amount of Cooperative Agreement
$21,000,000
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$19,000,000
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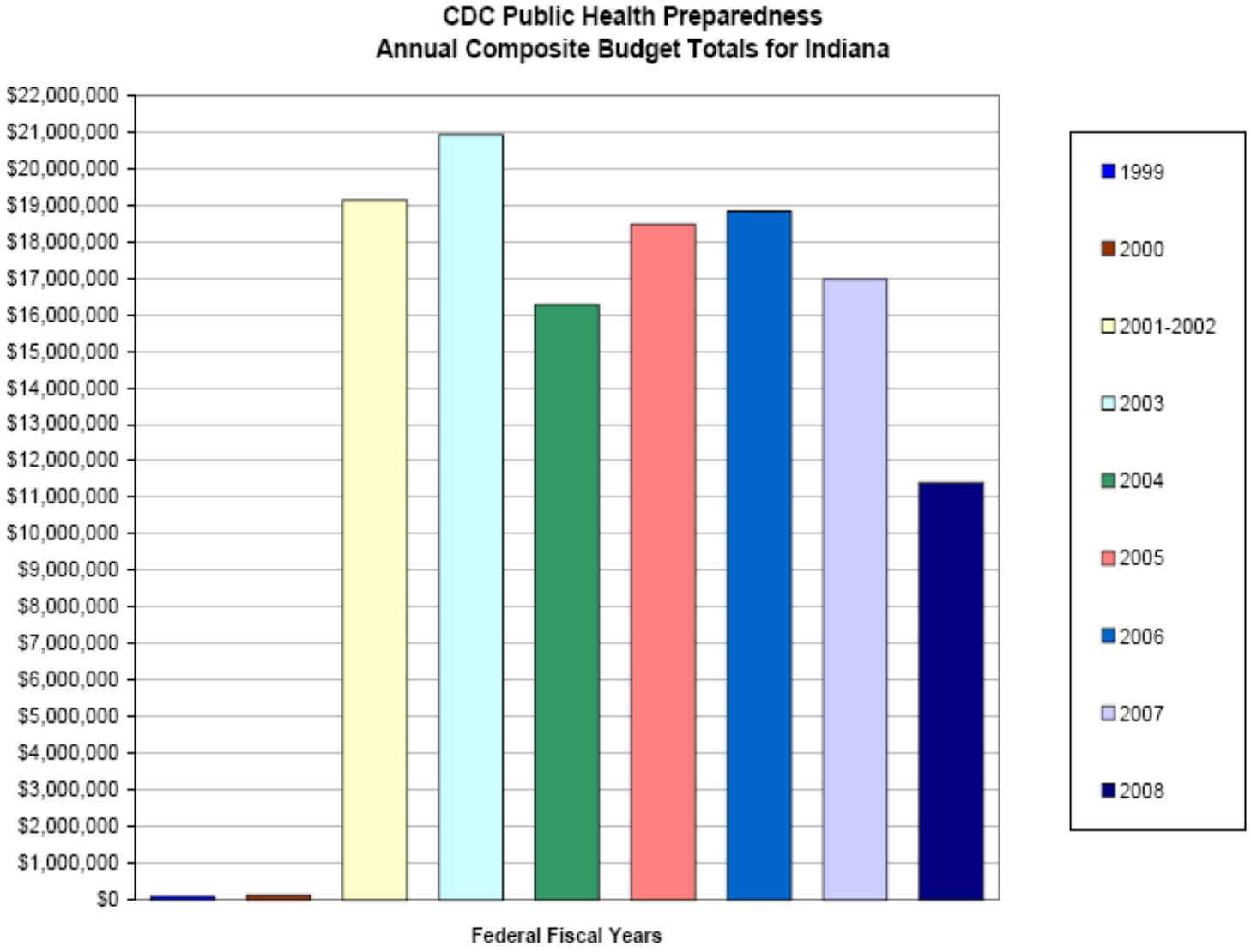
Fiscal Year of Funding
BASE
CRI
EWIDS
PAN FLU
Real Time Disease Detection


CDC Public Health Preparedness
Annual Composite Budget Totals for Indiana
$22,000,000
$21,000,000
$20,000,000
$19,000,000
$18,000,000
$17,000,000
$16,000,000
$15,000,000
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$4,000,000
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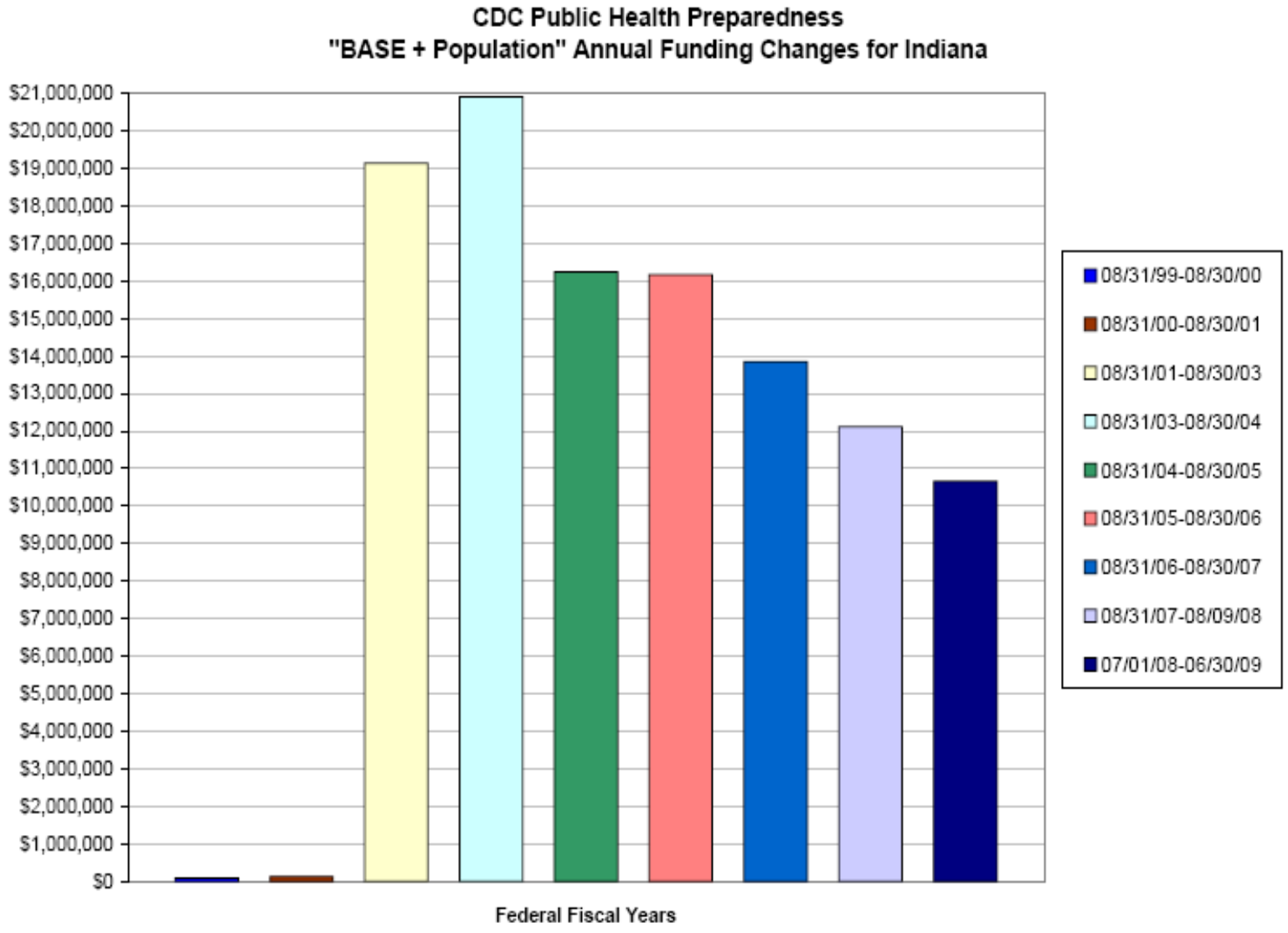
Federal Fiscal Years
1999
2000
2001-2002
2003
2004
2005
2006
2007
2008


CDC Public Health Preparedness
"BASE + Population" Annual Funding Changes for Indiana
$21,000,000
$20,000,000
$19,000,000
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$16,000,000
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Federal Fiscal Years
08/31/99-08/30/00
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08/31/01-08/30/03
08/31/03-08/30/04
08/31/04-08/30/05
08/31/05-08/30/06
08/31/06-08/30/07
08/31/07-08/09/08
07/01/08-06/30/09

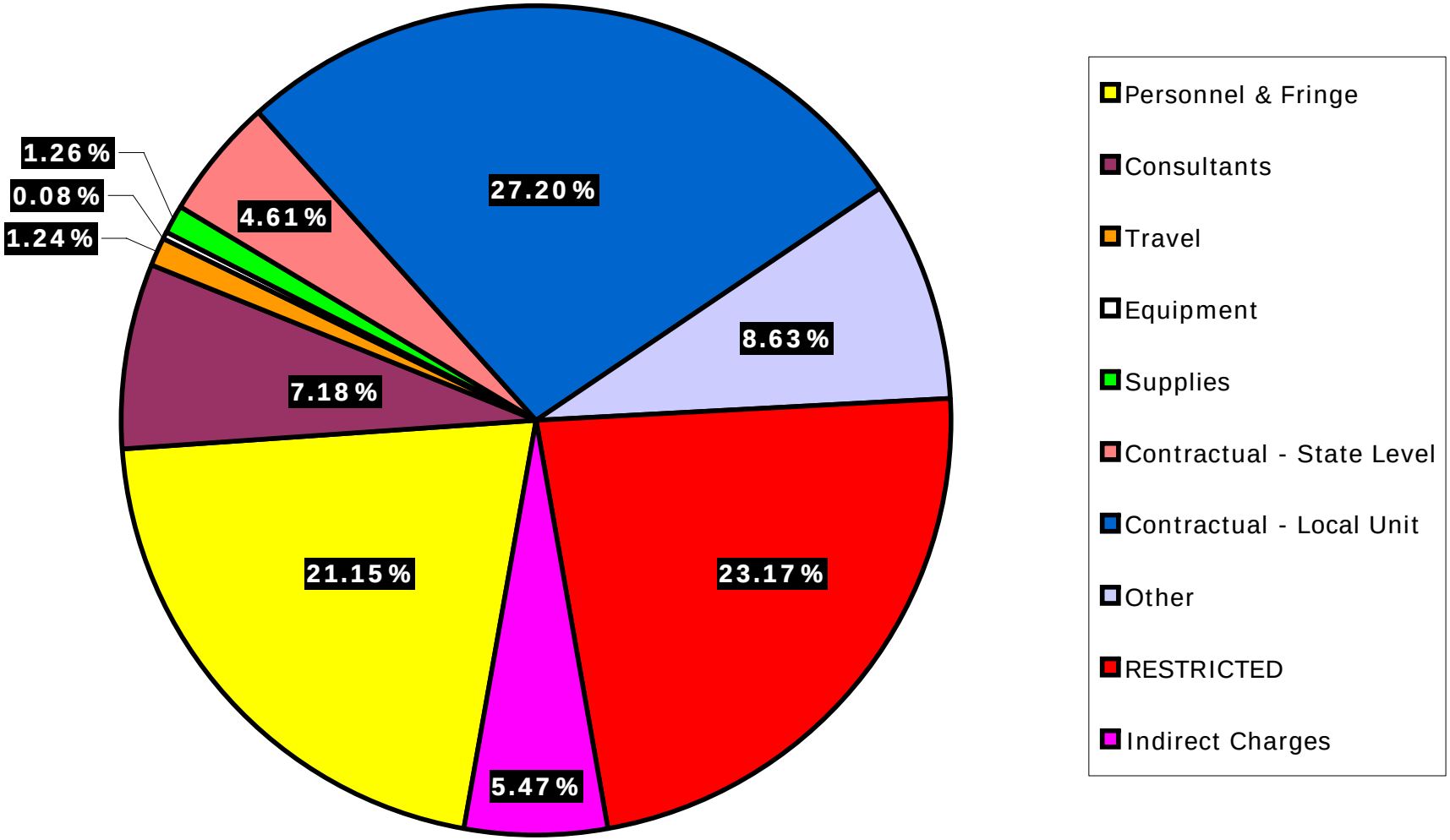
Proposed Budget for CDC cooperative agreement application

SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					TOTAL
	(1) Base	(2) CRI	(3) EWIDS	(4) PAN FLU	(5) RTDS	(6)
A. Personnel & Fringe	$ 4,456,361	$ 51,144	$ 0	$	$ 0	$ 4,507,505
B. Consultants	1,120,628	0	0	410,470	0	1,531,098
C. Travel	263,803	0	0	0	0	263,803
D. Equipment	16,633	0	0	0	0	16,633
E. Supplies	228,217	0	0	40,000	0	268,217
F. Contractual - State Level	983,148	0	0	0	0	983,148
Contractual - Local Unit	4,875,193	847,655	0	73,536	0	5,796,384
H. Other	1,786,947	0	0	52,992	0	1,839,939
RESTRICTED	446,179	0	15,000	3,925,756	551,785	4,938,720
J. Indirect Charges	1,088,967	7,263	0	69,464	0	1,165,694
I. Total Direct Charges (sum of 6A-6H)	$ 14,177,109	$ 898,799	$ 15,000	4,502,754	$ 551,785	$ 20,145,447
K. TOTALS (sum of 6 I and 6 J)	$ 15,266,076	$ 906,062	$ 15,000	4,572,218	$ 551,785	$ 21,311,141

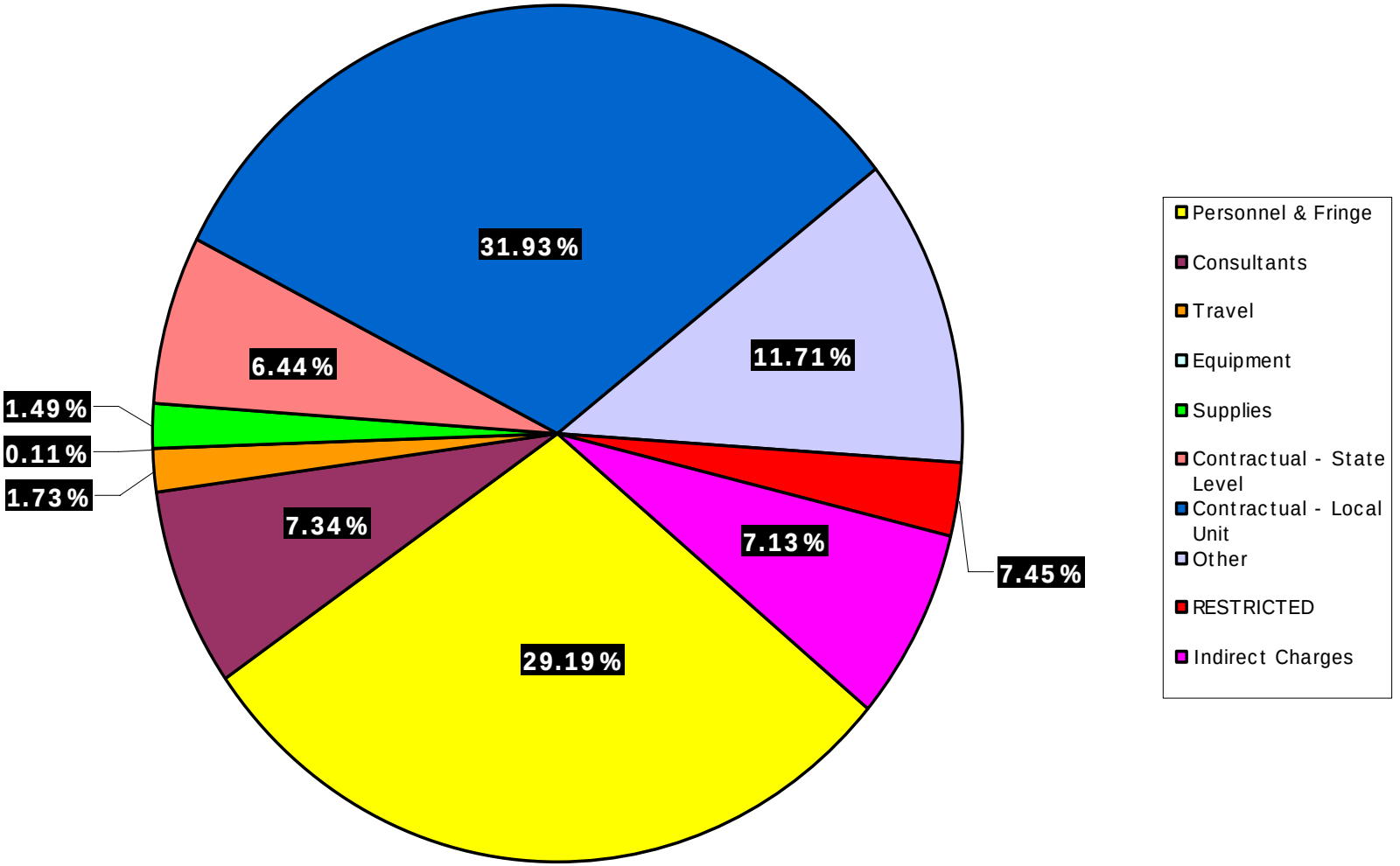
Key Elements of Current Budget

- Funds identified within this budget reflect a combination of original budget funds and anticipated carry-over of unused funds from FFY2005 & FFY2006
- All funding included only represents Personnel, Contractual and Operational expenses for State and Local activities through June 30, 2008; anticipates receipt of new funds on July 1, 2008
- Restricted funds under each area, represents total funds available for required enhancements and "Priority Projects"

Composite Public Health Preparedness Funding



Base Public Health Preparedness Funds



Exploring Local Funding Alternatives

- **ISDH has discussed and reviewed current models for State to Local funding distribution with other State Public Health Preparedness programs, including:**

  - Ohio
  - Michigan
  - Illinois
  - Missouri
  - Maryland
  - California
  - Oklahoma
  - Texas
  - Kentucky
  - New Mexico
  - Louisiana
  - North Carolina
  - Mississippi
  - Arkansas
  - New York
  - Alabama
  - Oregon
  - Wisconsin
  - Arizona
  - West Virginia
  - North Dakota
  - South Dakota
  - Montana
  - Nevada

Studies & Best Practices Reviewed

- ASTHO
- NACCHO
- APHA
- Lessons Learned Information Sharing (LLIS.gov)
- RAND Corporation

Factors Considered

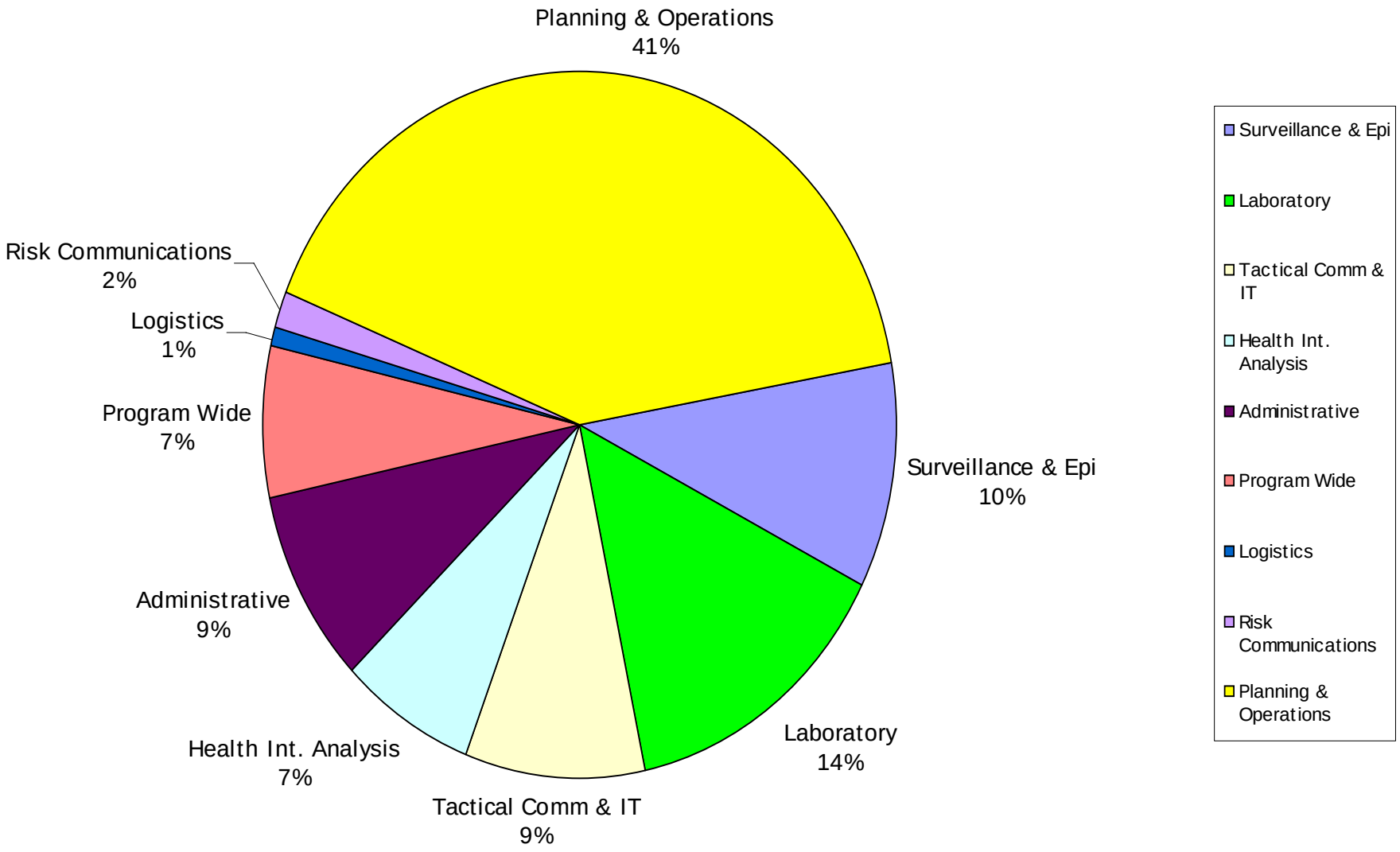
- Definition of Local varies from centralized to decentralized State Health Departments
- Varying organizational and political structures:
  - State controlled Local Health Departments
  - Home Rule: County level independent Health Departments
  - District or Regional Health Departments

- All State activities represent Services provided for Locals, ensuring statewide capacity
- Program is no longer in a “ramp up” mode
- Must be able to sustain and build current capacity with decreasing resources
- If Carry-over funds from previous budget cycles did not exist, the LPHC program in its previous form represented 40% of all funding received
- As funding for any one project increases or new projects are proposed, built capacity will diminish through funding elimination

Models Explored by ISDH

- ISDH has reviewed options from across the spectrum
- ISDH must engage in Benefit Analysis rather than cost analysis to ensure completion of grant requirements
- This spectrum creates the a dial or a wheel as changes to one area directly affects capacity in another

Capacity Funding



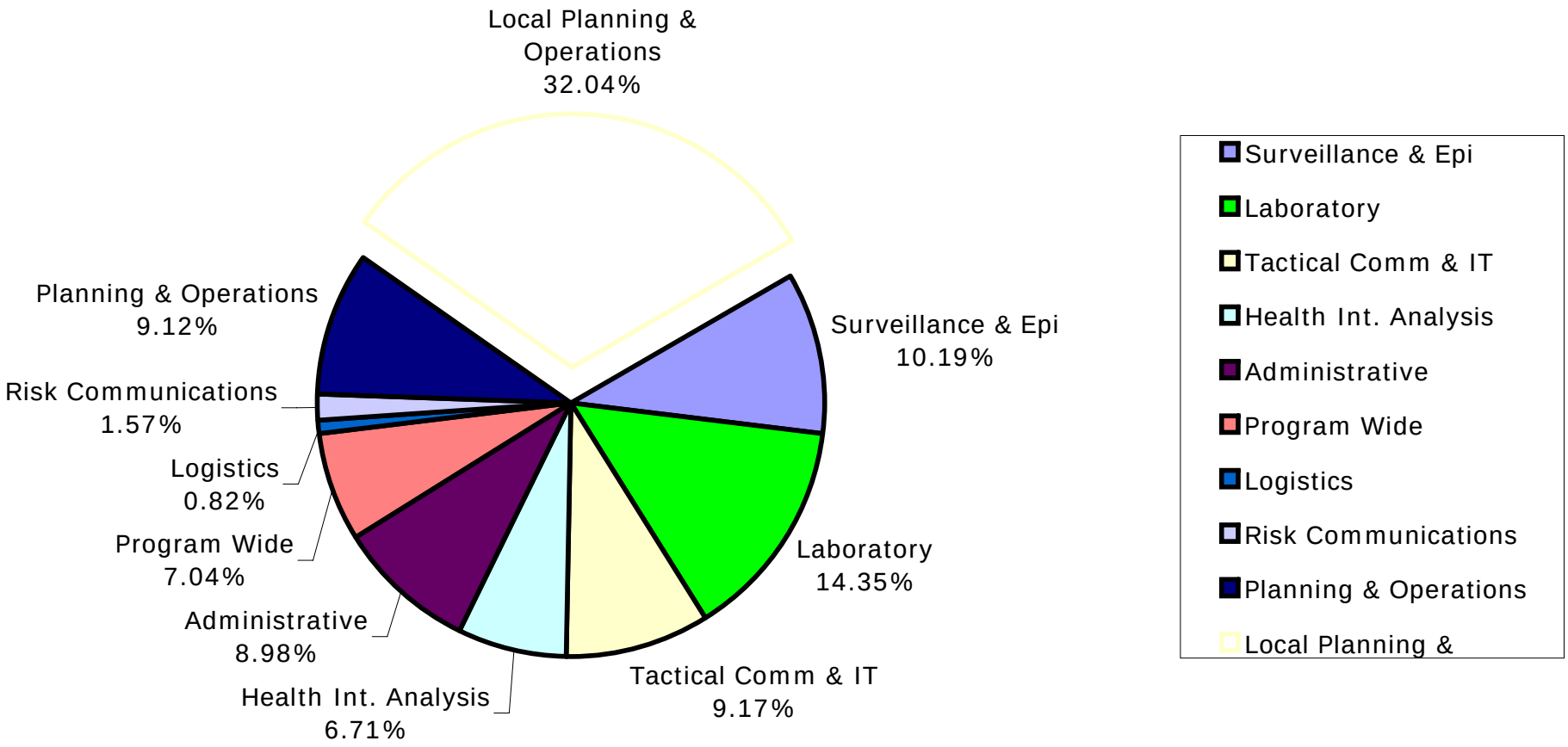
Models Explored by ISDH

- **Funding distribution to a single Lead Local Health Department in each district to act as the Fiscal agent**
  - Home Rule again decreases the effectiveness of this option
- **Funds distribution to an established District entity (i.e. 501(c)(3), Community Health Center, Educational Institution, Hospital, various organizations)**

Models Explored Cont'd

- **Act solely as a pass through of 100% of grant funds to the local level**
  - Eliminates all statewide capacity to include Biological & Chemical Lab, HAN, Outbreak Investigation, Health Intelligence Analysis, Communications Interoperability
  - Individual Counties do not have the resources or infrastructure to complete the funding requirements of the cooperative agreement

Funding Based Capacity Graph with Local Extract



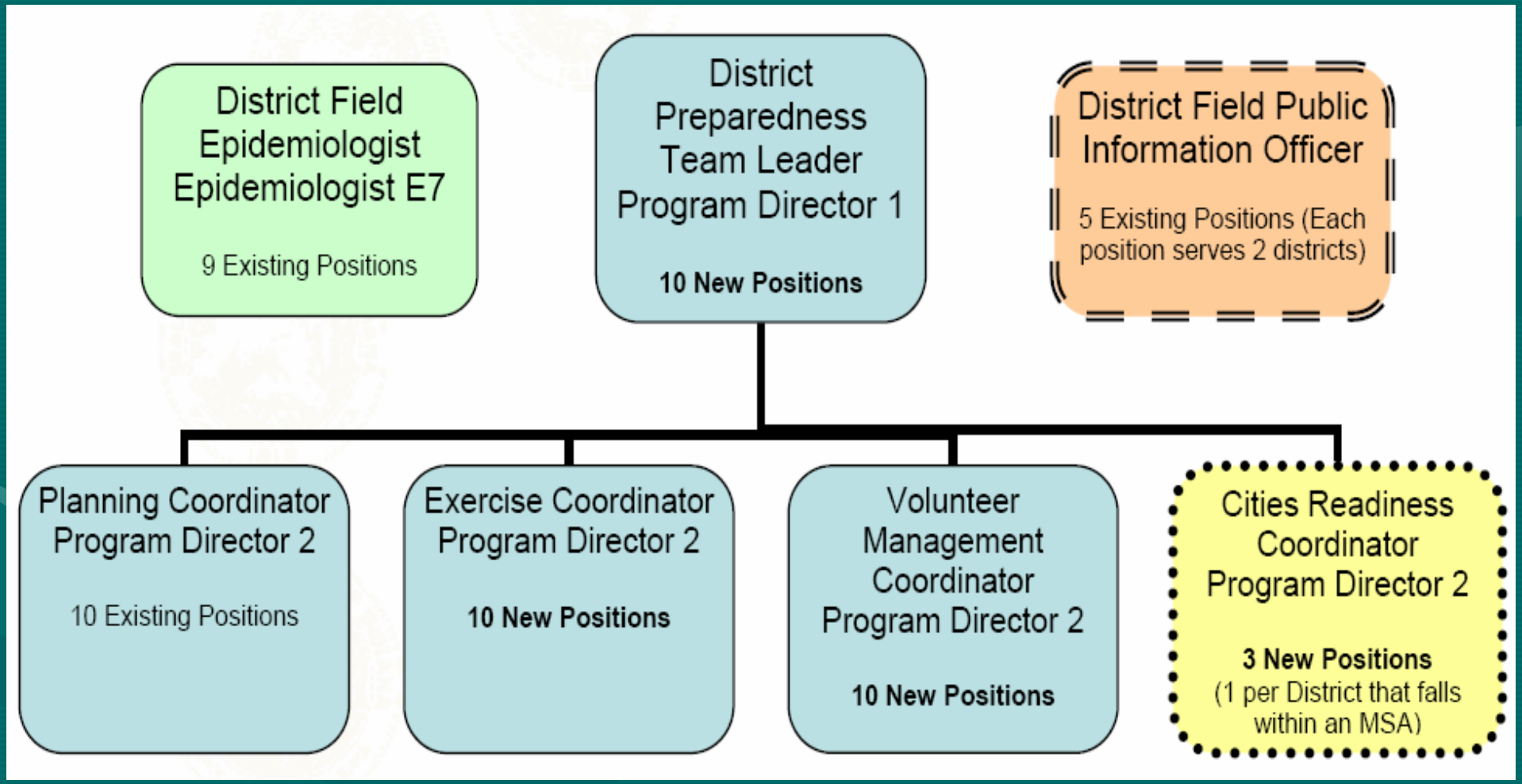
Models Explored Cont'd

- **District structure using State personnel**
  - Not enough Local input and difficulty engaging partnership
- **District structure using Local personnel**
  - Home rule & accountability issues

Where We Ended Up?

- District Structure, Private or Not For Profit fiscal agent to administer and manage District activities
  - Allows for State & Local Collaboration on programmatic activities
  - Eliminates some of the Administrative barriers such as hiring, insurance, and retirement fund management
  - Allows potential for collaborative and multi-disciplinary district response team development
  - Increases the number of sources and funding opportunities to support Indiana Preparedness & Response through grants or endowments

Conceptual District Model



"The Devil is in the Details"

Transition

- ISDH is going to convene a Task Force to work through required elements for effective transition to the district concept
  - Will contain interdisciplinary staff from State and Local governments, Medicine, Legislators, Community Health Centers, Universities, and other private or public partners
  - Will have a specific set of deliverables and tasks to accomplish within a very short time frame in order to finalized required elements for soliciting proposals from entities interested in bidding on District development

QUESTIONS?